



## NURSE AIDE REGISTRY CNA RENEWAL

State Form 49937 (R/3-05)

Indiana State Department of Health-Division of Long Term Care

On an annual basis, the employer must inform the Indiana State Department of Health (ISDH) Nurse Aide Registry (NAR) that an individual Certified Nurse Aide (CNA) has performed “nursing or nurse-related services” activities for at least an eight-hour shift during a 24-month consecutive time period.

Please complete this form for each CNA who has worked at least 8 hours in a 24-month period. Based upon receipt and completion of this form, each CNA will be renewed for a 2-year period.

### I. AIDE CERTIFICATION

Full Name of CNA					
CNA Street Address					
City		State		Zip Code	
CNA Telephone			DOB		
SSN		CNA Registration #			
Date of Hire		Date of Termination			
Job Title		CNA Expiration Date			

### II. CNA JOB FUNCTION

Please identify the number of hours within the last 24 consecutive months that this individual has performed “nursing or nursing-related services.”

Number of Hours	
-----------------	--

### III. AGENCY IDENTIFICATION

Director's/RN's Name					
Name of Health Care Facility					
Facility Street Address					
City		State		Zip Code	
Facility Number					

I hereby attest that the above information is true and accurate.

\_\_\_\_\_  
Director's/RN's Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY					
Expiration Date		Not on NAR			
Renewal Date		Initials		Date	